U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only REC'D ANG-8205	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

THOMPSON  E MICHAEL  N  Box, Bldg., Room No., if any  E 295 89TH STREET SUITE 306  DALY CITY  California  ZIP Code + 4 94015  Stion in labor organization.  BUSINESS AGENT  ter appropriate data below If, during the past fiscal year, you or your spouse o (except as specified in the exclusions d an interest in, engaged in transactions (including loans) with, or derivary value from an employer whose employees your organization repeated and address of Employer (including trade name, if any).	ate California ZIP Code + 4 94015  minor child directly or indirectly had any of the following interests set forth in the instructions):	
THOMPSON  E MICHAEL  N  Box, Bldg., Room No., if any  P  295 89TH STREET SUITE 306  DALY CITY  California  ZIP Code + 4 94015  S  tion in labor organization.  BUSINESS AGENT  ter appropriate data below If, during the past fiscal year, you or your spouse or (except as specified in the exclusions d an interest in, engaged in transactions (including loans) with, or derivary value from an employer whose employees your organization repeated and address of Employer (including trade name, if any).  7.a	time TEAMSTERS LOCAL UNION NO 665  bor Organization File Number 041-157  O. Box, Building and Room Number, if any  reet 295 89TH STREET SUITE 306  by DALY CITY  ate California ZIP Code + 4 94015  minor child directly or indirectly had any of the following interests set forth in the instructions):  add income or other economic benefit of presents or is actively seeking to represent.	
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Name, if any:		
Box, Bldg., Room No., if any		
	Amount.	
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ZIP Code + 4		
Signature		
Signature and verification. The undersigned declares, under penalty of Perjunitted in this report (including the information contained in any accompanying dersigned's knowledge and belief, true, correct, and complete. (See the section	cuments), has been examined by the signatory and is, to the best of the	

Telephone Number

Name of Person Filing THOMPSON MICHAEL	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,	us No. you was a see so special consistency or our endough property and the second section of \$150.5. SP####################################		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.	And a second field of the contract of the cont		
City	12.a. Nature of interest held or income received.	a varana saara saara la waaday ladaada, ka sa sa ee		
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	A COLUMN AND THE STATE OF THE S		